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ART UNIT	PAPER NUMBER
3626	

NOTIFICATION DATE	DELIVERY MODE
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Notice of the Office communication was sent electronically on above-indicated "Notification Date" to the following e-mail address(es):

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Office Action Summary	Application No.	Applicant(s)	
	10/686,900	MAXWELL ET AL.	
	Examiner	Art Unit	
	KRISTINE K. RAPILLO	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE *3* MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *2/3/2009*.

2a)☐ This action is **FINAL**. 2b)☒ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-31* is/are pending in the application.

4a) Of the above claim(s) *20* is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-19 and 21-31* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☒ The drawing(s) filed on *10/16/2003* is/are: a)☒ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☒ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date *1/16/2004*.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment filed February 3, 2009. Claims 1 – 11, 14 – 16, 18, and 22 - 23 are amended. Claim 20 was previously cancelled. Claims 1 – 19 and 21 – 31 are presented for examination.

Continued Examination Under 37 CFR 1.114

2. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on February 3, 2009 has been entered.

Claim Objections

3. Claim 18 is objected to because of the following informalities: Typographical error; the limitations indicate a duplicate step (e), rather than a step (f). Appropriate correction is required.

4. Claims 24 – 28 are objected to because of the following informalities: The amendment filed February 3, 2009 changed the preamble of claim 23 from "a medical information database profile generating system" to "a medical profile generating system"; Claims 24 – 28 refer to the database of claim 23, rather than the system of claim 23. Appropriate correction is required.

Claim Rejections - 35 USC § 112

5. The following is a quotation of the second paragraph of 35 U.S.C. 112:

> The specification shall conclude with one or more claims particularly pointing out and distinctly claiming the subject matter which the applicant regards as his invention.

6. Claim 1 (a) is rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. The applicant used the term "substantially" which is a subjective term; one name of a physical condition can be considered substantial.

7. Claim 1 (c) is rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. The term "non-excluded" is used to describe names of one or more physical conditions associated with the patient. Changing the claim language into a positive recitation would state what it is included than what it is not.

8. Claim 3 is rejected under 35 U.S.C. 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention.

As per claim 3, the limitation "if" is a conditional statement without corresponding "else" statements. If these limitations are not performed, then there is no defined process to be performed. The Examiner understands that in these claims, the open conditional language causes these limitations to be omitted.

Processes can be considered as a series of steps to achieve a claimed task. When executing a process, each step is performed. However, upon reaching an "IF-THEN-ELSE" logical block, each TRUE/FALSE option is equally likely. A process step that includes only an "IF-THEN" logical question means that "THEN" result only occurs when the answer is TRUE. An answer equally likely is FALSE and therefore the THEN result will not occur.

The Examiner takes further guidance from the MPEP § 2106(II)C on how to handle these logical blocks. Specifically, "Language that suggests or makes optional but does not require steps to be performed or does not limit a claim to a particular structure does not limit the scope of the claim or claim limitation." It is the Examiner's position that when a claimed invention includes a logical block that suggests another choice (FALSE), then the resulting action is not limiting as it may never be performed.

9. The 35 U.S.C. 112, second paragraph rejection of claim 8 is hereby withdrawn based upon the amendment submitted February 3, 2009.

Claim Rejections - 35 USC § 101

10. 35 U.S.C. 101 reads as follows:

> Whoever invents or discovers any new and useful process, machine, manufacture, or composition of matter, or any new and useful improvement thereof, may obtain a patent therefor, subject to the conditions and requirements of this title.

11. Claims 23 – 30 are rejected under 35 U.S.C. 101 because the claimed invention is directed to non-statutory subject matter. The claimed invention does not fall into one of the statutory categories: process, machine, manufacture, composition of matter or an improvement thereof. For instance, claim 23 recites "an input module", where modules are typically considered software, however, the software (input module) is not embodied on a computer readable medium. Adding "embodied on a computer readable medium" to the claim language is a suggestion for how to bring these claims into compliance with 35 U.S.C. 101 because a computer executable program tangibly embodied on a computer readable medium is a statutory subject matter. Claims 24 – 30 have similar deficiencies as noted above with regard to claim 23 and therefore are rejected for substantially the same reason.

Claim Rejections - 35 USC § 103

12. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

13. This application currently names joint inventors. In considering patentability of the claims under 35 U.S.C. 103(a), the examiner presumes that the subject matter of the various claims was commonly owned at the time any inventions covered therein were made absent any evidence to the contrary. Applicant is advised of the obligation under 37 CFR 1.56 to point out the inventor and invention dates of each claim that was not commonly owned at the time a later invention was made in order for the

examiner to consider the applicability of 35 U.S.C. 103(c) and potential 35 U.S.C. 102(e), (f) or (g) prior art under 35 U.S.C. 103(a).

14. Claims 1 – 5 and 7 are rejected under 35 U.S.C. 103(a) as being unpatentable over Knowlton (U.S. Publication No. 2003/0204415 A1) in view of Ghouri (U.S. Publication No. 2004/0162835 A1).

In regard to claim 1 (Currently amended), Knowlton teaches a medical information processing method, comprising:

(a) automatically inputting into a data processing system medication specific data representing physical conditions associated with a patient (paragraphs [0043], [0053], [0067], and [0078]) where the particular indication is equated to the physical condition, the medication specific data comprising

names of one or more medications of a patient as recorded in a medical history of the patient, as determined from a plurality of independent sources (Figure 10G: paragraphs [0095] and [0116]) where the independent sources can consist of a physician (who prescribes medications) and a patient (who may self medicate with over the counter medications), and

names of substantially all physical conditions that are medically known to be treated by the medications (Figures 7A through 7E and 10J; paragraphs [0130], [0133], and [0153]) where by selecting a medication name, symptoms treated by the selected medication are shown or displayed; and,

(d) outputting from the data processing system to a remote user location the names of the non-excluded physical conditions associated with the patient (paragraphs [0043], [0047], [0048], [0050], and [0060]) where Knowlton discloses a system which can be used to communicate between main system, caregiver (typically using PDA), and remote systems; thus, the physical conditions known to be treated by a particular medication can be accessed by a remote user.

Knowlton fails to teach a method comprising: [[(b)]] automatically identifying in the data processing system one or more disease/drug contra-indications based upon relationships between the one or more medications and the physical conditions; and, (c) generating names of one or more non-excluded physical conditions associated with the patient by excluding from the medication specific data

names of contra-indicated physical conditions, wherein the step of excluding contra-indicated physical conditions is performed by comparing in the data processing system the names of all the medications taken by the patient to the names of those physical conditions for which one or more of the medications taken by the patient is contra- indicated.

Ghouri teaches a method comprising:

[[(b)]] automatically identifying in the data processing system one or more disease/drug contra-indications based upon relationships between the one or more medications and the physical conditions (Figures 5 and 6; paragraphs [0074], [0083], [0106], and [0108]) where Ghouri discloses the "Rule Book of Medicine" which compiles contraindications of therapies (which are equated to physical conditions) and medication; and,

(c) generating names of one or more non-excluded physical conditions associated with the patient (Figure 2; paragraphs [0018] and [0020]) by excluding from the medication specific data names of contra-indicated physical conditions, wherein the step of excluding contra-indicated physical conditions is performed by comparing in the data processing system the names of all the medications taken by the patient to the names of those physical conditions for which one or more of the medications taken by the patient is contra- indicated (paragraph [0035]) where Ghouri discloses an example of a patient with a disease which can become life-threatening due to the addition of medication for a co-existing disease.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method comprising [[(b)]] automatically identifying in the data processing system one or more disease/drug contra-indications based upon relationships between the one or more medications and the physical conditions; and, (c) generating names of one or more non-excluded physical conditions associated with the patient by excluding from the medication specific data names of contra-indicated physical conditions, wherein the step of excluding contra-indicated physical conditions is performed by comparing in the data processing system the names of all the medications taken by the patient to the names of those physical conditions for which one or more of the medications taken by the patient is contra- indicated as taught by Ghouri, within the method of Knowlton, with the motivation of

providing an electronic tool to evaluate a patients medical history, including medications, and newly prescribed medication to generate patient specific safety information (paragraph [0017]).

In regard to claim 2 (Currently amended), Knowlton and Ghouri teach the method of claim 1. Knowlton teaches a method further comprising the step[[s]] of[[:]]

(e) identifying within the data processing system at least one item of consequential information from the following group: a side effect of the medication, a drug-drug interaction of the medication, and a therapeutic class of the medication (paragraphs [0055] and [0129]) where Knowlton discloses a MUG (Medical Use Guidelines) database in which side effects of a particular medication are listed; and,

(f) outputting from the data processing system to the remote user location the at least one item of consequential information (paragraphs [0043], [0047], [0048], [0050], [0060], and [0129]) where the MUG database contains consequential (side effect) information and can be transmitted to a remote user.

Knowlton fails to teach a method further comprising the step of (g) facilitating the display of the side effect of the medication to the user if it is severe and probable, and the therapeutic class of the medication to the user.

Ghouri teaches a method further comprising the step of (g) facilitating the display of the side effect of the medication to the user if it is severe and probable, and the therapeutic class of the medication to the user (Figure 1; paragraphs [0069], [0070], and [0071]) where Ghouri discloses electronic data input and display including patient history, medical condition, and interactions. Ghouri further discloses in paragraph [0113] the sorting of interactions which lead to side effect profiles and is displayed in Figure 5.

The motivation to combine the teachings of Knowlton and Ghouri is discussed in the rejection of claim 1, and incorporated herein.

In regard to claim 3 (Currently Amended), Knowlton and Ghouri teach the method of claim [[2]]. Ghouri further teaches a method wherein: step [[(g)]] includes facilitating the display of the identified disease/drug contra-indications to the user (Figure 5; paragraphs [0113] and [0125]).

The motivation to combine the teachings of Knowlton and Ghouri is discussed in the rejection of claim 1, and incorporated herein.

In regard to claim 4 (Currently Amended), Knowlton and Ghouri teach the method of claim [[2]]. Knowlton further teaches a method wherein step (g) further comprises:

assigning the user an identification code (paragraphs [0062], [0063], and [0103]);

assigning the user a pass code (paragraphs [0062], [0063], and [0103]); and

upon entry of an identification code and pass code, comparing the entered identification code and the pass code to the assigned identification code and the assigned pass code to authorize access to the information and item (paragraphs [0062], [0063], [0103], and [0122]).

In regard to claim 5 (Currently Amended), Knowlton and Ghouri teach the method of claim 1. Knowlton further teaches a method wherein, in step (a) the medication specific data further comprises at least one of the items of data selected from the following group: an administration dose of the medication (paragraphs [0075], [0076], [0084], and [0107]); a name of a health care provider that prescribed the medication; an original date of a prescription for the medication; a date of exhaustion of the prescription for the medication; a set of instructions for administering the medication; and compliance information for the medication.

In regard to claim 7 (Currently Amended), Knowlton and Ghouri teach the method of claim [[2]]. Knowlton further teaches a method wherein: step (g) includes enabling a selected class of users to access less than all of the consequential information (paragraphs [0042], [0062], [0063], and [0103]) where a level of access is granted based upon a caregivers function (i.e. physician versus pharmacist).

15. Claims 6, 8 – 24, and 26 - 31 are rejected under 35 U.S.C. 103(a) as being unpatentable over Knowlton (U.S. Publication No. 2003/0204415 A1) in view of Ghouri (U.S. Publication No. 2004/0162835 A1), and further in view of Fabrick et al., herein after Fabrick (U.S. Publication No. 2004/0088317 A1).

In regard to claim 6 (Currently Amended), Knowlton and Ghouri teach the method of claim [[2]]. Knowlton and Ghouri fails to teach a method wherein in step (a) the medication specific data includes information indicative of patient usage of prescribed medications; and in step [[(e)]] the consequential information includes information regarding the indicated patient usage of prescribed medications.

Fabrick further teaches a method wherein: in step (a) the medication specific data includes information indicative of patient usage of prescribed medications (Figure 1 and paragraph [0030]); and in step [[(e)]] the consequential information includes information regarding the indicated patient usage of prescribed medications (Figure 1; paragraphs [0025], [0027], and [0030]) where information regarding a patient is stored in a database, including side effect information.

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method wherein in step (a) the medication specific data includes information indicative of patient usage of prescribed medications; and in step [[(e)]] the consequential information includes information regarding the indicated patient usage of prescribed medications as aught by Fabrick, within the method of Knowlton and Ghouri, with the motivation of providing a medical professional customized information regarding a patient, such as medical condition (paragraph [0065]).

In regard to claim 8 (Currently Amended), Knowlton teaches a method of profiling the medication history of a patient, comprising:

storing in a data processing system the patient's medication information representing diseases associated with the patient, the medication information (paragraphs [0045], [0048], [0049], [0053], [0067], and [0078]) comprising

names of one or more medications taken by the patient as obtained from medication distribution information of a plurality of health care providers (Figure 10G: paragraphs [0095] and [0116]), and

names of diseases known to be treated by the medications, as obtained from a plurality of sources (Figures 7A through 7E and 10J; paragraphs [0130], [0133], and [0153]); and,

outputting the compiled interactions and categories from the data processing system to a user interface (paragraphs [0043], [0047], and [0124]).

Knowlton fails to teach a method comparing within the data processing system the patient's medication information to a drug-drug interaction database to identify severe, moderate, and mild drug-drug interactions; comparing within the data processing system the patient's medication information to a disease/drug contra indication database to identify severe and moderate disease/drug contra indications; and, compiling in the data processing system the identified severe and moderate drug-drug interactions, while automatically suppressing the identified mild drug-drug interactions such that information provided to a user does not include the suppressed interactions, and further compiling a category of severity of the identified severe and moderate drug-drug interactions and the identified disease/drug contra indications and further compiling a category of severity of the identified disease/drug contra indications.

Ghouri teaches a method comparing within the data processing system the patient's medication information to a drug-drug interaction database to identify severe, moderate, and mild drug-drug interactions (paragraphs [0069], [0070], [0071], and [0113]); comparing within the data processing system the patient's medication information to a disease/drug contra indication database to identify severe and moderate disease/drug contra indications (paragraphs [0069], [0070], [0071], and [0113]); and, compiling in the data processing system the identified severe and moderate drug-drug interactions (Figure 1; paragraphs [0020], [0069], [0070], [0071], and [0113]), and further compiling a category of severity of the identified severe and moderate drug-drug interactions and the identified disease/drug contra indications and further compiling a category of severity of the identified disease/drug contra indications (Figures 1 and 5; paragraphs [0069] and [0074]) where various disease/drug contraindications and drug-drug interactions are defined in a database.

Ghouri fails to teach a method comprising: while automatically suppressing the identified mild drug-drug interactions such that information provided to a user does not include the suppressed interactions, and further compiling a category of severity of the identified severe and moderate drug-drug interactions and the identified disease/drug contra indications and further compiling a category of severity of the identified disease/drug contra indications.

Fabrick teaches a method comprising: while automatically suppressing the identified mild drug-drug interactions such that information provided to a user does not include the suppressed interactions (paragraph [0039]) where Fabrick discloses that a mild side effect may be suppressed.

The motivation to combine the teachings of Knowlton, Ghouri, and Fabrick is discussed in the rejection of claim 6, and incorporated herein.

In regard to claim 9 (Currently Amended), Knowlton, Ghouri, and Fabrick teach the method of claim 8. Knowlton teaches a method further comprising the step of facilitating the display of the patient's medication information to a user accessing the user interface through an online connection by providing a patient identification number and a patient pass code (paragraphs [0059], [0062], [0063], and [0103]).

In regard to claim 10 (Currently Amended), Knowlton, Ghouri, and Fabrick teach the method of claim 8. Knowlton further teaches a method wherein the patient's medication information further comprises at least one item of information taken from the following group: an administration dose of the medication (paragraph [0075], [0076], [0084], and [0107]); name of a health care provider that prescribed the medication; a original date of a prescription for the medication; a date of exhaustion of the prescription for the medication; a set of instructions for administering the medication; and compliance information for the medication.

In regard to claim 11 (Currently Amended), Knowlton, Ghouri, and Fabrick teach the method of claim [[9]]. Knowlton teaches a method further comprising the step of facilitating display to a user entering a health care provider identification number and pass code (paragraphs [0059], [0062], [0063], and [0103]).

Knowlton and Fabrick fail to teach a method comprising the display of severe and moderate drug-drug interactions and severe and moderate disease/drug contra indications.

Ghouri teaches a method comprising the display of severe and moderate drug-drug interactions and severe and moderate disease/drug contra indications (Figures 5 and 6; paragraphs [0069] through [0074], [0083], [0106], [0108], and [0113]).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method comprising the display of severe and moderate drug-drug interactions and severe and moderate disease/drug contra indications as taught by Ghouri, within the method of Knowlton and Fabrick, with the motivation of providing an electronic tool to evaluate a patients medical history, including medications, and newly prescribed medication to generate patient specific safety information (Ghouri: paragraph [0017]).

In regard to claim 12 (Original), Knowlton, Ghouri, and Fabrick teach the method of claim 8.

Fabrick teaches a method further comprising: determining indicated patient usage of the medications (Figure 1 and paragraph [0030]).

The motivation to combine the teachings of Knowlton, Ghouri, and Fabrick is discussed in the rejection of claim 6, and incorporated herein.

In regard to claim 13 (Previously presented), Knowlton, Ghouri, and Fabrick teach the method of claim 8. Knowlton teaches a method further comprising: enabling a health care provider to submit a proposed new medications (paragraph [0104], [0149], and [0152]). Knowlton and Fabrick fail to teach a method comprising comparing the proposed new medications to both the databases to identify further drug-drug interactions and disease/drug contra indications.

Ghouri teaches a method comprising comparing the proposed new medications to both the databases to identify further drug-drug interactions and disease/drug contra indications (paragraph [0106]).

The motivation to combine the teachings of Knowlton, Ghouri, and Fabrick is discussed in the rejection of claim 11, and incorporated herein.

In regard to claim 14 (Currently Amended), Knowlton, Ghouri, and Fabrick teach the method of claim [[9]]. Knowlton further teaches a method wherein: a selected class of users is facilitated access to less that all of said information (paragraphs [0042], [0062], [0063], and [0103]) where a level of access is granted based upon a caregivers function (i.e. physician versus pharmacist).

In regard to claim 15 (Currently Amended), Knowlton teaches a method of generating a medical profile for a patient, comprising:

(a) storing in a data processing system patient medication information representing one or more medications associated with a patient, the patient medication information including medication distribution information obtained from a health care provider (Figure 10c: paragraphs [0043], [0045], [0053], [0067], and [0078]);

(c) facilitating the display of the patient medication information and profile information to a user by outputting said information from the data processing system to a user interface (paragraphs [0043], [0047], and [0124]); and

(d) controlling the display of said patient medication information and profile information by providing an identification code and pass code to the user that must be entered for the user to gain access to the user interface (paragraph [0042], [0062], [0063], [0103], and [0122]).

Knowlton fails to teach a method comprising: (b) comparing within the data processing system the patient medication information to a database to identify profile information, wherein mild drug-drug interactions are automatically excluded from the profile information.

Ghouri teaches a method comprising: (b) comparing within the data processing system the patient medication information to a database to identify profile information (paragraphs [0069], [0070], [0071], and [0113]).

Ghouri fails to teach a method wherein mild drug-drug interactions are automatically excluded from the profile information.

Fabrick teaches a method wherein mild drug-drug interactions are automatically excluded from the profile information (paragraph [0039]).

The motivation to combine the teachings of Knowlton, Ghouri, and Fabrick is discussed in the rejection of claim 6, and incorporated herein.

In regard to claim 16 (Currently Amended), Knowlton, Ghouri, and Fabrick teach the method of claim 15. Knowlton teaches a method wherein step (a) further comprises entering into the data processing system patient medication information representing one or more medications associated with a patient (paragraphs [0053], [0067], and [0078]), the information including medication distribution information obtained from a plurality of health care providers (paragraphs [0042] and [0057]) where the caregivers typically include, but are not limited to, physicians, nurses, and pharmacists.

In regard to claim 17 (Original), Knowlton, Ghouri, and Fabrick teach the method of claim 16. Knowlton teaches a method wherein in step (b) the profile information includes a severe side effect of the medication (paragraph [0058]) where a profile database is comprised of the effects of medication which is equated to side effect data.

Knowlton and Fabrick fail to teach a method where the profile information includes a severe drug-drug interaction of the medication and a therapeutic class of the medication.

Ghouri teaches a method where the profile information includes a severe drug-drug interaction of the medication and a therapeutic class of the medication (paragraphs [0032] and [0113]).

The motivation to combine the teachings of Knowlton, Ghouri, and Fabrick is discussed in the rejection of claim 11, and incorporated herein.

In regard to claim 18 (Currently Amended), Knowlton teaches a method of providing medication information, comprising:

(a) storing into a data processing system patient medication information representing medications associated with a patient, the information comprising names of one or more medications taken by the patient (paragraphs [0045], [0053], [0067], and [0078]) and originating from a health care provider previously distributing medication to the patient (paragraph [0088]) where the provider can access current

medication, discontinued, and refills (where discontinued and refills are equated to previously distributed medication);

(b) accessing a database containing medication specific characteristics including medication side effects (paragraphs [0055] and [0129]);

(e) outputting the patient medication information and profile information from the data processing system to a user interface (paragraphs [0043], [0047], [0049], and [0124]); and

(e) facilitating the display of the patient medication information and profile information to a user other than the patient (paragraphs [0043], [0049], and [0124]) wherein the patient possesses information to access the user interface in order to display the patient medication information (paragraphs [0042] and [0063]) and the patient provides the information to access the user interface to the user so that the user accesses the user interface in order to display the patient medication information (paragraphs [0063] and [0067]).

Knowlton fails to teach a method comprising: (c) comparing the patient medication information and the medication specific characteristics and (d) generating profile information, wherein the step of generating profile information automatically excludes the medication side effects that are mild.

Ghouri teaches a method comprising: (c) comparing the patient medication information and the medication specific characteristics (paragraphs [0069], [0070], [0071], and [0113]). Ghouri fails to teach a method comprising (d) generating profile information, wherein the step of generating profile information automatically excludes the medication side effects that are mild.

Fabrick teaches a method comprising (d) generating profile information, wherein the step of generating profile information automatically excludes the medication side effects that are mild (paragraph [0039]).

The motivation to combine the teachings of Knowlton, Ghouri, and Fabrick is discussed in the rejection of claim 6, and incorporated herein.

In regard to claim 19 (Original), Knowlton, Ghouri, and Fabrick teach the method of claim 18. Knowlton teaches a method wherein step (a) further comprises entering into the data processing system

patient medication information from a plurality of health care providers previously distributing medication to the patient (paragraphs [0045], [0053], [0067], and [0078].

In regard to claim 21 (Previously presented), Knowlton, Ghouri, and Fabrick teach the method of claim 19.

Ghouri further teaches a method wherein the profile information includes at least one of the medication side effects that is severe, a severe drug-drug interaction of the medication, and a therapeutic class of the medication (paragraphs [0032] and [0113]).

The motivation to combine the teachings of Knowlton, Ghouri, and Fabrick is discussed in the rejection of claim 11, and incorporated herein.

In regard to claim 22 (Currently Amended), Knowlton, Ghouri, and Fabrick teaches the method of claim 18. Knowlton teaches a method wherein in step (a) patient medication information further comprises: an administration dose of the medication(paragraphs [0075], [0076], [0084], and [0107]); a name of a health care provider that prescribed the medication; an original date of a prescription for the medication; a date of exhaustion of the prescription for the medication; a set of instructions for administering the medication; and compliance information for the medication.

In regard to claim 23 (Currently Amended), Knowlton teaches a medical profile generating system, comprising:

a data processing system (paragraph [0044] and [0049]);

an input module (paragraph [0064] where Knowlton discloses input programs which is equated to an input module as both are software regarding the input of data), wherein medication information comprising names of a plurality of medications prescribed for each of a plurality of patients is input into the data processing system (paragraphs [0053], [0067], and [0078]);

a patient profile database within the data processing system including for each of the plurality of patients a patient profile (Figure 10G; paragraphs [0095] and [0116] where the patient profile is the medical history of a patient), each patient profile including:

medication specific data for the plurality of medications which have been prescribed for the patient (Figure 10G; paragraphs [0095] and [0116]);

a secured access to the patient profile database, requiring entry of patient, identification information and user password information in order for a user to gain access to the identified patient's profile (paragraphs [0062], [0063], [0103], and [0122]).

Ghouri teaches a medical profile generating system comprising: consequential information generated by the data processing system from the medication specific data, the consequential information including identification of any drug-drug interactions of the prescribed medications (paragraphs [0032], [0035], and [0059]).

Ghouri fails to teach a system wherein the any identified drug-drug interactions having a severity classification of less than moderate are automatically suppressed by the data processing system such that the consequential information does not include the suppressed interactions.

Fabrick teaches a system wherein the any identified drug-drug interactions having a severity classification of less than moderate are automatically suppressed by the data processing system such that the consequential information does not include the suppressed interactions (paragraph [0039]).

The motivation to combine the teachings of Knowlton, Ghouri, and Fabrick is discussed in the rejection of claim 6, and incorporated herein.

In regard to claim 24 (Original), Knowlton, Ghouri, and Fabrick teach the database of claim 23. Knowlton teaches a method wherein the consequential information further includes side effects of the medications (paragraphs [0055] and [0129]).

In regard to claim 26 (Original), Knowlton, Ghouri, and Fabrick teach the database of claim 23.

Ghouri teaches a database wherein the consequential information further includes identification of disease drug contra indications (paragraph [0106]).

The motivation to combine the teachings of Knowlton, Ghouri, and Fabrick is discussed in the rejection of claim 11, and incorporated herein.

In regard to claim 27 (Original), Knowlton, Ghouri, and Fabrick teach the database of claim 23.

Fabrick teaches a database wherein: the medication specific data includes information indicative of actual patient usage of the prescribed medications (Figure 1 and paragraph [0030]); and the consequential information includes information regarding the indicated actual patient usage of prescribed medications (Figure 1; paragraphs [0025], [0027], and [0030]).

The motivation to combine the teachings of Knowlton, Ghouri, and Fabrick is discussed in the rejection of claim 6, and incorporated herein.

In regard to claim 28 (Original), Knowlton, Ghouri, and Fabrick teach the database of claim 23. Knowlton teaches a database wherein the secured access permits a selected class of users to access less than all of the consequential information in the patient profile (paragraphs [0042], [0062], [0063], and [0103]) where a level of access is granted based upon a caregivers function (i.e. physician versus pharmacist).

In regard to claim 29 (Previously presented), Knowlton, Ghouri, and Fabrick teach the method of claim 8.

Ghouri teaches a method further comprising: comparing the patient's medication information to a drug side effect database to identify severe, moderate, and mild drug side effects; and compiling in the data system only the severe and moderate drug side effects (Figures 1 and 5; paragraphs [0069] and [0074]).

The motivation to combine the teachings of Knowlton, Ghouri, and Fabrick is discussed in the rejection of claim 11, and incorporated herein.

In regard to claim 30 (Previously presented), Knowlton, Ghouri, and Fabrick teach the method of claim 15. Knowlton teaches a method further comprising: analyzing the patient medication information to extract at least one disease treated by medications described in the patient medication information (Figures 7A through 7E).

Knowlton fails to teach a method identifying disease/drug contra-indications according to the patient medication information and the at least one disease.

Ghouri teaches a method identifying disease/drug contra-indications according to the patient medication information and the at least one disease (paragraph [0106]).

The motivation to combine the teachings of Knowlton, Ghouri, and Fabrick is discussed in the rejection of claim 11, and incorporated herein.

In regard to claim 31 (Previously presented), Knowlton, Ghouri, and Fabrick teach the method of 23.

Ghouri teaches the method wherein the consequential information further includes any disease/drug contra-indications as identified by comparing at least one disease, treated by one or more of the plurality of medications, to each of the plurality of medications (paragraph [0106]).

The motivation to combine the teachings of Knowlton, Ghouri, and Fabrick is discussed in the rejection of claim 11, and incorporated herein.

16. Claim 25 is rejected under 35 U.S.C. 103(a) as being unpatentable over Knowlton, Ghouri, and Fabrick as applied to claim 23 above, and further in view of Mayaud (U.S. Patent Number 7,072,840).

In regard to claim 25 (Original), Knowlton, Ghouri, and Fabrick teach the database of claim 23.

Knowlton, Ghouri, and Fabrick fail to teach a database wherein the consequential information further includes identification of multiple medications in a therapeutic class as a possible indication of duplicative medication.

Mayaud teaches a database wherein the consequential information further includes identification of multiple medications in a therapeutic class as a possible indication of duplicative medication (column 28, lines 31 – 41)

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a database wherein the consequential information further includes identification of multiple medications in a therapeutic class as a possible indication of duplicative medication as taught by Mayaud, within the system of Knowlton, Ghouri, and Fabrick, with the motivation of providing a comprehensive computerized method of assisting a physician in the selection of pharmaceutical medications to minimize adverse reactions (column 14, lines 29 – 49).

Response to Arguments

17. Applicant's arguments filed February 3, 2009 have been fully considered but they are not persuasive. Applicant's arguments will be addressed herein below in the order in which they appear in the response filled February 3, 2009.

In response to Applicant argument, it is respectfully submitted that the Examiner has applied new prior art to the claims at the present time. The Examiner notes that the amended limitations were not in the previously pending claims as such; Applicant's remarks with regard to the application of Goetz and Hacker to the amended limitations are moot in light of the new references.

Conclusion

18. Any inquiry concerning this communication or earlier communications from the examiner should be directed to KRISTINE K. RAPILLO whose telephone number is (571)270-3325. The examiner can normally be reached on Monday to Thursday 6:30 am to 4 pm Eastern Time.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Luke Gilligan can be reached on 571-272-6770. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see http://pair-direct.uspto.gov. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

KKR

/C. Luke Gilligan/
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